[7	N/A	VIII IIIG COMMINGE ON CUIICS.	ist consuled	andy meet all unee tests for exemplicit; by not answer yes unless you have inst consulted with the confinition
<b>₹</b>   ₹		artain other "exceptions, or liabilities the Committee of	dependent chi	TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "except excluded from this report details of such a trust benefiting you, your spouse, or dependent child?  EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities that the committee of the property of the committee of th
S	OF THESE QUESTIONS	- ANSWER EACH	TINFOR	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION
the onse.	ist be answered and for each "Yes" response	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.	No	V. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period?  If yes, complete and attach Schedule V.
	angement with	IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	No S	IV. Did you, your spouse, or a dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting period?  If yes, complete and attach Schedule IV.
₹   	efore the date Yes	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year?  If yes, complete and attach Schedule VIII.	No	III. Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period?  If yes, complete and attach Schedule III.
No.	ceive any e reporting Yes	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than \$335 from one source)?  If yes, complete and attach Schedule VII.	No No	II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period?  If yes, complete and attach Schedule II.
No No	ceive any ating more <b>Yes</b>	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$335 and not otherwise exempt)?  If yes, complete and attach Schedule VI.	No No	I. Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period?  If yes, complete and attach Schedule I.  Yes
		E QUESTIONS	OF THES	PRELIMINARY INFORMATION — ANSWER EACH OF THESE
assessed more than	A \$200 penalty shall be assessed against anyone who files more than 30 days late.	Employing Office:  Termination Date:	Officer or Employee	Status  Member of the U.S.  State: NY  House of Representatives District: 25  Report Type  Annual (May 16, 2011)  Amendment
	ტე ჩენა ი (Office thise dinly)	Ų.		
MC	2011 AUG 15 - \$1.011 - 54	(315) 415-4233  Daytime Telephone: (202) 225-370 2011 AUS 15 5111:54	Daytime	Name: Ann MARIE Buerkle
- ge	AUG. 1 1 201190 1 or 7	Form A For use by Members, officers, and employees	MENT	UNITED STATES HOUSE OF REPRESENTATIVES CALENDAR YEAR 2010 FINANCIAL DISCLOSURE STATEMENT
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#### SCHEDULE I—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling \$200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000. See examples below.

Exclude: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

Source	Two	Amount
	ype	Zilioalic
Keene State	Approved Teaching Fee	\$6,000
Examples: State of Maryland	Legislative Pension	\$9,000
-:	Spouse Speech	\$1,000
Ontario County Board of Education	spouse salary	NA
OFFICE OF THE ATTOENEY GENERAL		712, 768.63
AXA RETREMENT DISTRIBUTION	DISTRIBUTION	#/80,000.00
New YORK State Remisement (SEPT 2010)		* 700+.61

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Page 3

# SCHEDULE II—PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

lope for transmitting the list is included in each Member's filing package. List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Ethics. A green enve-

Topo to maintain grade no notation and maintain grade many promise grade			
Source	Activity	Date	Amount
_	Speech	Feb. 2, 2010	\$2,000
Examples: XYZ Magazine	Article	Aug. 13, 2010	\$500
N/A			

Name

Asset and/or Income Source

BLOCK A

more than \$200 in "unearned" income during the year. the end of the reporting period, and (b) any other of income with a fair market value exceeding \$1,000 at reportable asset or sources of income which generated Identify (a) each asset held for investment or production

not use ticker symbols.) Provide complete names of stocks and mutual funds (do

value at the end of the reporting period the name of the institution holding the account and its ment accounts which are not self-directed, provide only account that exceeds the reporting thresholds. For retireinvestments), provide the value for each asset held in the the power, even if not exercised, to select the specific plans) that are self-directed (*i.e.*, plans in which you have For all IRAs and other retirement plans (such as 401(k)

For rental or other real property held for investment, pro-vide a complete address.

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that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A For an ownership interest in a privately-held business

from, a federal retirement program, including the Thrift income during the reporting period); any deposits total-ing \$5,000 or less in a personal checking or saving accounts; and any financial interest in, or income derived nomes and vacation homes (unless there was rental Exclude: Your personal residence, including second

income source is that of your spouse (SP) or dependent child (DC), or is jointly held with your spouse (JT), in the If you so choose, you may indicate that an asset or optional column on the far left.

For a detailed discussion of Schedule III requirements please refer to the instruction booklet

None

\$1 - \$1,000

\$1,001 - \$15,000

\$15,001 - \$50,000

\$50,001 - \$100,000

\$100,001 - \$250,000

\$250,001 - \$500,000

Mega Corp. Stock Simon & Schuster

1st Bank of Paducah, KY Accounts

Indefinite

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Examples

ommercial

Camillus, N

AXA Ketiremen

Chase IRA

Value of Asset BLOCK B

please specify the methor method other than fair market value reporting year. If you use a valuation Indicate value of asset at close of

generated income, the va year and is included or If an asset was sold during

Type of Income

BLOCK C

you to choose specific investments or retirement accounts that do not allow Check all columns that apply. ਨੂ

BLOCK D

that generate tax-deferred income (such you to choose specific investments or For retirement accounts that do not allow Amount of Income asset had Indicate if the **Fransaction** BLOCK E ò

\$1,000,001 - \$5,000,000					<del>                                     </del>			†	1	\$500,001 - \$1,000,000 I	
\$25,000,001 - \$50,000,000    Section	1			-	<del>                                     </del>	<b>×</b>		-	<del> </del>	#3000;000 : - #1,000;000	ma dui dui gth gth lilue
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NONE							17				ting e ;;
A DIVIDENDS: A do (14) plans or (RAs), you may check the "None" column. For all other assets, and capital biclosed as income. Check "None" column. For all other assets, and capital plans or RAs), you midcate the category of income the asset generated no income of the reporting period.  X None EXCEPTED/BLIND TRUST  None Still Specify: e.g., Partnership Income or Farm Income)  None Still Specify: e.g., Partnership Income or Farm Income or generated.  Royalties  X St.001 - \$1,000  X St.001 - \$10,000  X St.001 - \$10,000,000  X St.0001 - \$1,000,000  X St.00001 - \$1,000,000  X St.00001 - \$1,000,000  X St.000001 - \$1,000,000  X St.000000 - \$1,000,000  X St.000,000 - \$1,000,000  X St.000,0000 - \$1,000,0000			·	1	<u> </u>		£2		10 mag		
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None						†			×		ting
None						. 2					eres eres einv com com com peri
\$401(k) plans or IRAs), you may check e "None" column. For all other assets, dicate the category of income by tecking the appropriate box income. Check income. Check "None" if reinvested, must be ablow. \$2,501 - \$5,000  \$5,001 - \$15,000  \$15,001 - \$50,000  \$15,001 - \$50,000  \$15,001 - \$10,000  \$100,001 - \$1,000,000  X  \$100,001 - \$1,000,000  X  \$100,001 - \$5,000,000  X  \$100,001 - \$1,000,000  X  \$100,001	·		N/A					Royalties			eferred income is or IRAs), you None" column. t, and capital ested, must be 3. Check "None" I no income durd.
S50,001 - \$100,000									1	None -	<b>% 8. 9. □</b> S ∋ 38. 8
S50,001 - \$100,000										\$1 - \$200	vice inc
S50,001 - \$100,000				X						\$201 - \$1,000 =	ing
S50,001 - \$100,000				3	×				×	\$1,001 - \$2,500 ₹	plan the the the the
S50,001 - \$100,000					<u> </u>					\$2,501 - \$5,000 <	ls or cate ap ap stere
S50,001 - \$100,000							×			\$5,001 ÷\$15,000 ≤	Prop prop prop prop prop prop prop prop
X   \$100,001 - \$1,000,000   X										\$15,001 - \$50,000	us), y all or al
Over 40,000,000			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			**				\$50,001 - \$100,000	Cap of a
Over 40,000,000								×			may ner a ncor nox ital disc
Over 40,000,000										\$1,000,001 - \$6,000,000 ×	asse ne bek bek your noor
sales (S), or exchanges (E) exceeding \$1,000 in reporting year.  If only a portion of an asset is sold, please indicate as follows:  (S) (partial)  See below for example.  S (partial)										Over \$5,000,000 ≚	ne ed.
	i i				S			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		portion of an asset is sold, please indicate as follows: (S) (partial) See below for example.  P, S, E	purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.
		•					-				

Metapolitan Insurance

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SCHEDULE III—ASSETS AND "UNEARNED" INCOME Continuation Sheet (if needed)	BLOCK A  Asset and/or Income Source																					
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Z		0	\$1 \$1,000								<u> </u>		_					_				_
			\$1,001 - \$15,000				ļ	ļ	<u> </u>	ļ	ļ	ļ										_
😠	<b>V</b> a		\$15,001 - \$50,000									<u> </u>	_		ļ							
▎	BLOCK B Year-End Value of Asset		\$50,001 - \$100,000					ļ,			<u> </u>			ļ								_
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			Over \$50,000,000																			
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	٥		INTEREST	1	$\top$														<del>                                     </del>			•••
	= 1 B Z	3	CAPITAL GAINS	1 1	1			-						1				┪		<b></b> -		
1	BLOCK C Type Incom		EXCEPTED/BLIND	1				1		1	<del>                                     </del>		1	<b> </b>	-	-						_
Name Ann Marie Bucrele	BLOCK C Type of Income	come	Other Type of Incom (Specify: e.g., Partnership Income Farm Income)			1																
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	₽r	=	\$201 – \$1,000				Γ										<b></b>					_
11 % .	no	7	\$1,001 - \$2,500				1															
ساا	un Bi	<	\$2,501 – \$5,000		1	 	<u> </u>			·						<b>†</b>	<b>†</b>					_
\$0	BLOCK D		\$5,001 - \$15,000													-		<u> </u>			l	
911	* X		\$15,001 - \$50,000	$\Box$	<del> </del>	 	<del>                                     </del>		<del> </del>		<del>                                     </del>		1		İ		<u> </u>			-	-	_
}	100	-41	\$50,001 - \$100,000	1	+					-		-		$\vdash$		-				<del> </del>	<del>                                     </del>	_
5	BLOCK D  Amount of Income		\$100,001 - \$1,000,00	1-1			<del>                                     </del>		-	<u> </u>	1		<del> </del>	<u> </u>		-		-			-	_
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		×	Over \$5,000,000						-	<u> </u>			1	<del>                                     </del>	<u> </u>							_
Page 5 of 9	BLOCK E Transaction	ச. வூ m																				

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### SCHEDULE IV— TRANSACTIONS

Name

Over \$50,000,000

									11		AXA Retirement	SP Example:   Mega Corporation Common Stock (partial sale)	SP, DC, JT Asset	Cate (i.e., "partial sale"). See example below.  Capital Gains — if a sales transaction resulted in a capital gain in excess of \$200, check the "capital gains" box and disclose this income on Schedule III.	resulted in a capital loss. Provide a brief description of any exchange transaction. Exclude transactions between you, your spouse or dependent children, or the purchase or sale of your personal residence, unless it generates rental income. If only a portion of an asset is sold, please so indicates rental income.	Report any purchase, sale, or exchange transactions by you, your spouse, or dependent child during the reporting period of any security or real property held for investment that exceeded \$1,000. Include transactions that
														PURCHAS	SE	of Tr
									×	×	×	×		SALE		Type of Transaction
						: :								EXCHANG	GE	ction
														Check Box Gain Excee	if Capital eded \$200	)
									12-29-10	7-1-10	1-15-10	10-12-10		Monthly, or Bi-weekly, if applicable	(MO/DAY/YR) or Ouarterly	Date
									,				_ \ _ \	\$1,001- \$15,000	>	
		 						<u></u>	 ļ		×	×		\$15,001- \$50,000	w	
						- A			<b>×</b>	×		L		\$50,001- \$100,000	ဂ	Am
														\$100,001- \$250,000	0	Amount of
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					 <u></u>		<u></u>	1					 	\$500,001- \$1,000,000	П	Transaction
												L		\$1,000,001- \$5,000,000	147	actic
	-	 							_					\$5,000,001- \$25,000,000 <b>\$25,000,001</b>	<u> </u>	j
				7					1					\$50,000,000		

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#### SCHEDULE V— LIABILITIES

Name Ann Marie Buerkle

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business in which you own an interest (unless you are personally liable); and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report *revolving charge accounts* (i.e., credit cards) only if the balance at the close of the preceding calendar year exceeded \$10,000. Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. Exclude: Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; liabilities of a

SP. DC. JT  Example: First Bank of Wilmington, DE  Uisions Federal Culit Union 9-1987 mortgage on 123 Main St., Dov  Co-sign reice's Student lan
Example: First Be Visions Fe Co-sign R
8 27 BE
ank of Will
Creditor  limington, DE  Cruht U  Shudent
laun .
Date Liability incurred Mo/Year May 1998
Mortgage on mart gage
Type of Liability  Mortgage on 123 Main St., Dove  martgage on cental  D-sign Student
propus loan
\$10,001- \$15,000
\$15,001- \$50,000 B
\$50,001- \$100,000
× \$100,001- \$250,000 • \$250,001-
\$500,000 m \$500,001 _
\$1,000,000 " \$1,000,001-
\$5,000,000 \$5,000,001
\$25,000,000 - \$25,000,001- \$50,000,000 -

#### SCHEDULE VI— GIFTS

Report the source, a brief description, and the value of all gifts totalling more than \$335 received by you, your spouse, or a dependent child from any source during the year.

**Exclude:** Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of \$134 or less need not be added towards the \$335 disclosure threshold.

	Note: The gift rule (House Rule 25, cla	
	Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.	
W-1		

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	\$345
N/A		

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Page 8 of 9

## SCHEDULE VII — TRAVEL PAYMENTS AND REIMBURSEMENTS

or were paid by you and reimbursed by the sponsor. you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were paid directly by the sponsor Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than \$335 received by

spouse or dependent child that is totally independent of his or her relationship to you **Exclude:** Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a

Examples: Chicago Chamber of Commerce Roycroft Corporation Source Aug. 6-11 Date(s) Mar. 2 City of Departure—Destination— City of Return DC—Los Angeles—Cleveland DC—Chicago—DC Lodging? (Y/N) z Food? z Member Included? (Y/N) Was a Family z Number of days not at sponsor's expense 2 Days None

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Name Ann Maric Buckle Page & of 2

organization, or any educational or other institution other than the United States. proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner,

zations); and positions solely of an honorary nature. Exclude: Positions listed on Schedule I; positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organi-

		1	N/A	Position
	9 9 9 9 9 9 1			
				Name of Organization

#### SCHEDULE IX—AGREEMENTS

employee welfare or benefit plan maintained by a former employer. Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an

				1/18/2010	Date
			. 0 00	NYS Office of ACT	Parties To
histh care Insurance	defined pension benefit including	Retirement date Sept 2010	offictive 1/18/2010; official	lewe of absence during campaign	Terms of Agreement